

Pocono Youth Orchestra Student Audition Form

Student Name: _____ Age: _____ Grade in Fall: _____

Instrument: _____ Years of Study: _____

Student's School: _____ School Music Director: _____

Private Music Teacher: _____ Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred email(s): _____

Circle Preferred Orchestra Level: see [PYO Audition Info page](#) - Which Orchestra Is Right for Me?

PJSO (Beginner)

PYO (Advanced)

Please list any prior orchestra, chamber group, or other music ensemble experiences.

What piece are you playing today? _____

Why did you select this piece?

Do you play any other instruments? If yes, which ones and for how long?

For PYO applicants only: If you don't get into your preferred orchestra level, would you accept a different assignment?

Yes

No

Student Name

Student Signature and Date

Parent/Guardian Name

Parent/Guardian Signature and Date